

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		5				
28		5				
29		5				
30		1				
31		1				
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48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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64		1				
65		1				
66		1				
67		1				
68		1				
69		5				
70		5				
71		5				
72		5				
73		5				
74		5				
75		5				
76		2				
77		2				
78		2				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
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89		1				
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93		1				
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99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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50						
TOTAL IND.	2					
TOTAL DEP.	162					
TOTAL CLAIMS	164					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						